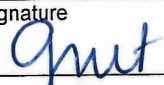
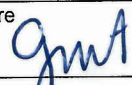


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

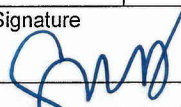
Date of Notification (1) <b>10 / 4 / 16</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1609-5066 COURTESY</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>							
		City, State, Zip Code <b>South Plainfield, NJ</b>							
		Name of Contact <b>Greg Marone</b>	Telephone Number <b>908-755-0040</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>98 Cook Road</b>		Square Feet	# of Floors						
City (5) <b>Nutley, NJ 07110</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Control House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>00529</b>						
Start Date (10) <b>10 / 20 / 16</b>	Scheduled Completion Date (11) <b>10 / 21 / 16</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Block Wall</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Asbestos stucco</b>	<b>&gt;3 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Camden, NJ</b>		Disposal Date <b>10/21/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>10/4/16</b>		

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

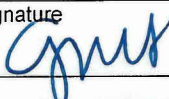
Date of Notification (1) <div style="text-align: center;">10 / 4 / 16</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1609-5067 COURTESY</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>							
		City, State, Zip Code <b>South Plainfield, NJ</b>							
		Name of Contact <b>Greg Marone</b>	Telephone Number <b>908-755-0040</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Control House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>146 US Highway #22</b>									
City (5) <b>Hillside, NJ 07205</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Control House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO BOX 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>609-265-2107</b>						
		License No. <b>00529</b>							
Start Date (10) <div style="text-align: center;">10 / 19 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 20 / 16</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Block Wall</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Asbestos stucco</b>	<b>&gt;3 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Camden, NJ</b>		Disposal Date <b>10/20/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>10/4/16</b>		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 7 / 16		Name of Building Owner/Operator (2) US Coast Guard / Job #1610-5073 Check #8674							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Coast Guard Training Center							
		City, State, Zip Code Cape May, NJ 08204							
		Name of Contact Mike Martin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) USCG GSK Building #204		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Munroe Avenue		Square Feet	# of Floors						
City (5) Cape May		Bldg. Age							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Training Center							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00529						
Start Date (10) 10 / 20 / 16	Scheduled Completion Date (11) 10 / 27 / 16	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carpet	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 10/27/16	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 				Date 10/17/16		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <b>9 / 30 / 16</b>		Name of Building Owner/Operator (2) <b>NJ Turnpike Authority / Job #1609-5070 Check #8672</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 5042</b>							
		City, State, Zip Code <b>Woodbridge, NJ 07095</b>							
		Name of Contact <b>Gregg Crescenzo</b>	Telephone Number <b>732-938-3399</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJTP- Hess Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1 Hess Plaza</b>		Square Feet	# of Floors						
City (5) <b>Woodbridge, NJ</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>The Saban Engineering Group, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>201 Stuyvesant Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Stephen Pharaï</b>	Telephone No. <b>201-299-7705</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>10 / 3 / 16</b>	Scheduled Completion Date (11) <b>10 / 5 / 16</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor Telephone/UPS Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fitting Insulation</b>	<b>7 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>10/5/16</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>9/30/16</b>			



# New Jersey Turnpike Authority

ADMINISTRATION BUILDING - 581 MAIN STREET  
P.O. BOX 5042 - WOODBRIDGE, NEW JERSEY 07095  
TELEPHONE (732) 750-5300

CHRIS CHRISTIE  
GOVERNOR

KIM GUADAGNO  
LIEUTENANT GOVERNOR

RICHARD T. HAMMER, Chairman  
RONALD GRAVINO, Vice Chairman  
MICHAEL R. DuPONT, Treasurer  
RAYMOND M. POCINO, Commissioner  
ULISES E. DIAZ, Commissioner  
DANIEL F. BECHT, Commissioner  
JOHN D. MINELLA, Commissioner  
JOSEPH W. MROZEK, Executive Director

September 29, 2016

Mr. Tom Voorhees  
New Jersey Department Labor  
Asbestos Control & Licensing  
1 John Fitch Plaza, 3<sup>rd</sup> floor  
PO Box 949  
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification

Dear Mr. Voorhees:

While performing demolition in a Data Center located on the 2<sup>nd</sup> floor of the Hess Building, asbestos piping was encountered. All demolition activities have ceased pending the proper removal of the hazardous materials. The pipe cools the exterior walls down to the lower level floors and must be replaced as soon as possible to maintain the orderly operation of the facility. Asbestos was also located in the Telephone/UPS Room located on the 1<sup>st</sup> floor. This asbestos was covering a hot water pipe. I am asking for a waiver of the 10 day notification to allow Abatetech to remove & dispose of the asbestos materials on Monday, October 3<sup>rd</sup>.

Thank you for your assistance in this matter and do not hesitate to call me at (848) 565-1973 if you have any questions.

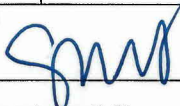
Sincerely,

Joseph Castellano  
Construction Supervisor  
New Jersey Turnpike Authority  
P.O. Box 5042  
Woodbridge, NJ 07095

cc: Hall Building Corp.



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">10 / 6 / 16</div>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1610-5074 Check #8673</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b>							
		City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>John Greco</b>	Telephone Number <b>201-602-1499</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Fair Haven Substation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>210 Ridge Road</b>		Square Feet	# of Floors						
City (5) <b>Fair Haven, NJ 07760</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>One Source Safety and Health</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>140 South Village Ave, Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>	Telephone No. <b>610-524-5525</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">10 / 6 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 6 / 16</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-9:30PM</b> /____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Metal Switchgear Cabinet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Vapor Barrier</b>	<b>23 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>10/6/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coordinator</b>		Signature 			Date <b>10/6/16</b>			

October 7, 2016

Commissioner  
New Jersey Department of Labor  
Asbestos Control and Licensing Section  
P.O. Box 949  
Trenton, NJ 08625-0949

Re: Request for Waiving the 10 Calendar Days Prior Notification  
JCP&L / FirstEnergy Company  
Fair Haven Substation / Transformer Bank #1  
Fair Haven, New Jersey

Dear Commissioner:

JCP&L / FirstEnergy Company is in the process of performing routine maintenance on one of two transformers at its Fair Haven Substation located at 210 Ridge Road, Fair Haven, New Jersey. The maintenance activities are being conducted on Transformer Bank #1. While removing Bank #1's breaker from its cabinet in the switchgear, our on-site personnel identified a suspect asbestos material lining the upper sections of the cabinet. Work associated with switchgear cabinet was immediately suspended, and bulk samples of the suspect material were collected and analyzed for asbestos content. The bulk samples confirmed that the nonfriable, asphaltic coating applied on the interior surfaces of switchgear cabinet is an asbestos-containing material (ACM).

In order to get the transformer back on line to ensure uninterrupted service to our customers, we needed to have the ACM in the switchgear cabinet cleaned up.

In response to the bulk sample results, we retained a licensed asbestos abatement contractor (AbateTech, Inc. /License No. 00529) to clean up the peeling and fallen pieces of this ACM in the switchgear cabinet. AbateTech, Inc. submitted an initial courtesy notification for the cleanup of the ACM (~3 square feet) and performed the cleanup operations on October 6, 2016. During the cleanup, it was discovered that the cleanup activities would have to be expanded to include three (3) additional cabinet sections of the switchgear and involve the cleanup of approximately 20 square feet of nonfriable ACM. We would like to request a waiver of the 10 calendar days prior notification requirement and amend the initial notification to reflect the additional quantity of ACM being abated.

We appreciate your consideration in this matter and look forward to your response. If you have any questions or need additional information, please contact me.

Respectfully Submitted,

*John T Greco*

John T. Greco, Regional Environmental Projects  
JCP&L Operations Support - North & Central NJ Regions  
973-989-2224